

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213543489			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SCOTT COUNTY TELEPHONE CO-OPERATIVE</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VERNON E INGE, JR. LECLAIRRYAN, A PROFESSIONAL CORPORATION 951 E BYRD ST, 8TH FL RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: 00633396</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 149 WOODLAND ST P O BOX 487</p> <p style="margin-left: 40px;">CITY/ST/ZIP: GATE CITY, VA 24251</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN KILGORE TITLE: PRESIDENT ADDRESS: 2050 MANVILLE ROAD CITY/ST/ZIP/CO: GATE CITY, VA 24251 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN KILGORE TITLE: PRESIDENT ADDRESS: 2050 MANVILLE ROAD CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN KILGORE TITLE: PRESIDENT ADDRESS: 2050 MANVILLE ROAD CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM JOHNSON TITLE: TREASURER ADDRESS: 5155 RYE COVE MEMORIAL ROAD CITY/ST/ZIP/CO: DUFFIELD, VA 24244 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM JOHNSON TITLE: TREASURER ADDRESS: 5155 RYE COVE MEMORIAL ROAD CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM JOHNSON TITLE: TREASURER ADDRESS: 5155 RYE COVE MEMORIAL ROAD CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN FERGUSON TITLE: SECRETARY ADDRESS: 225 FERGUSON BRIDGE LANE CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN FERGUSON TITLE: SECRETARY ADDRESS: 225 FERGUSON BRIDGE LANE CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN FERGUSON TITLE: SECRETARY ADDRESS: 225 FERGUSON BRIDGE LANE CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM J FRANKLIN TITLE: CEO ADDRESS: 4798 BISHOPTOWN ROAD CITY/ST/ZIP/CO: DUFFIELD, VA 24244 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM J FRANKLIN TITLE: CEO ADDRESS: 4798 BISHOPTOWN ROAD CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM J FRANKLIN TITLE: CEO ADDRESS: 4798 BISHOPTOWN ROAD CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL E ODOM TITLE: CFO ADDRESS: 220 ROCK CITY ROAD CITY/ST/ZIP/CO: KINGSFORT, TN 37664 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL E ODOM TITLE: CFO ADDRESS: 220 ROCK CITY ROAD CITY/ST/ZIP/CO: KINGSFORT, TN 37664	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: DANIEL E ODOM TITLE: CFO ADDRESS: 220 ROCK CITY ROAD CITY/ST/ZIP/CO: KINGSFORT, TN 37664	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEITH DAVIDSON TITLE: DIRECTOR ADDRESS: 3145 RURITAN ROAD CITY/ST/ZIP/CO: GATE CITY, VA 24251 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEITH DAVIDSON TITLE: DIRECTOR ADDRESS: 3145 RURITAN ROAD CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH DAVIDSON TITLE: DIRECTOR ADDRESS: 3145 RURITAN ROAD CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	EDWIN DINGUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	578 HORSE HILL LANE		
CITY/ST/ZIP/CO:	NICKELSVILLE, VA 24271		
NAME:	ROY EGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1060 SLOANTOWN ROAD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	TOBY HILTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3171 COX CHAPEL ROAD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	GARRY HOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1200 POWELL MOUNTAIN ROAD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	BILLY MANESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	377 MANESS HOLLOW ROAD		
CITY/ST/ZIP/CO:	BLACKWATER, VA 24221		
NAME:	PHILLIP OSBORNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 125		
CITY/ST/ZIP/CO:	DUNGANNON, VA 24245		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DANIEL E ODOM	DANIEL E ODOM, CFO	9/18/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			